

DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES



MONTHLY PROGRESS / REPORTING FORM

Therapeutic Behavioral Services
(DARS Service Item Code HCPCS H2019)

Therapeutic Behavioral Supports are specialized supports that address challenging behaviors that affect an individual's ability to gain and/or maintain employment and live successfully in community settings. Services are provided by agency-approved vendors of **Applied Behavior Analysis (ABA)** or **Positive Behavior Support (PBS)**.

PART 1. MONTHLY PROGRESS REPORT

Individual Receiving Services:

Reporting Period (Month / Year):

Date of Initial Authorization for Services:

Total Number of Hours Authorized:

Number of Hours Used for this Service Period:

Balance of Authorized Hours Remaining:

- A.** Identify progress achieved and challenges encountered during this report period for each of the goals listed in the individual's Behavior Support Plan (*add or delete the number of goals as needed*):

#1: Goal/Activity(ies)/Progress/Challenges:

#2: Goal/Activity(ies)/Progress/Challenges:

#3: Goal/Activity(ies)/Progress/Challenges:

#4: Goal/Activity(ies)/Progress/Challenges:

#5: Goal/Activity(ies)/Progress/Challenges:

B. Number of hours requested for next month:

Change in goal(s) requested?

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